_	• PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 /008508/												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR		R THAN ENTITY	
TC	OTAL CLAIMS	;						RATE	FEE	٦	RATE	FEE	
FC	OR .		NUMBER	FILED	NUMI	NUMBER EXTRA		BASIC FEI		S OR	BASIC FEE		
TC	OTAL CHARGE	ABLE CLAIMS	12 mi	inus 20=	* (	* O		x\$25	7	OR		-	
INDEPENDENT CLAIMS			/ minus 3 =		*	* 0		×/00	<del>  /                                   </del>	1 1	V:0 A=	<del>                                     </del>	
ML	JLTIPLE DEPE	NDENT CLAIM PF	RESENT						<del>  /                                   </del>	OR	200	<del>  / -</del>	
* If	the difference	e in column 1 is	less than z	less than zero, enter "0" in column 2				180,000	<del> </del>	OR OR	- 40	<del> /</del>	
CLAIMS AS AMENDED - PART II								,		] ~		THAN	
_		(Column 1)		(Column 2) (Column 3)				SMALL		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S S	Total	* 12	Minus	* 2	0	= 0	11	X\$ 25	[ /	OR	X\$ 50		
AME	Independent	* /	Minus	***	3	= 0	11	x.100	<del> /-</del>	OR	×200	1 /	
لا	FIRST PRESE	JLTIPLE DEF	SENDENI	CLAIM	للل	I	-	/	OR		/		
		·		•			L	+/go TOTAL	/		+ 360 TOTAL	-	
		(Column 1)		(Colum	mn 2)	(Column 3)		ADDIT. FEE		low,	ADDIT. FEE	<u></u>	
FENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş Ş	Total	100000000000000000000000000000000000000	Minus	**		= .	1.	X\$25		OR	X\$ 50	<del></del>	
13 I	Independent	l	Minus	***			11	×/00		OR	× 200		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		1			1		<u> </u>	
•			•			•	L	+ /86 TOTAL	<u> </u>	OR	360.		
	·.						À	DDIT FEE		OR ,	ADDIȚ. FEE	<del> </del>	
		(Column 1) CLAIMS		(Colum HIGHE	EST	(Column 3)	-	<del></del>			<del></del>		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž Ž	Total	t	Minus	**		=		X\$25_		OR	X\$ 50		
AME	Independent	<u>.l</u>	Minus	***			1	×100		OR	x:200		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											:	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+360 TOTAL			
** 11	If the "Highest Nur	mber Previously Paid	aid For" IN THIS	S-SPACE Is	s less thạn	n 20, enter "20."	Αľ	TOTAL DDIT. FEE	النسنا	OR A	DDIT; FEE		
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number